

WELCOME Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your Common Law Spouse and/or their children, where applicable by state law
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- New Hires: You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following date of hire.
- If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2025 December 31, 2025.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/ RDP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.



Allied Global LLC. News is proud to offer you a choice between two different medical plans with UnitedHealthcare:

Key Medical Benefits	UnitedHealthcare		
	P2000i8021		
	In-Network	Out-of-Network	
Deductible (per calendar year)			
Individual/Family (embedded)	\$2,000 / \$4,000	\$4,000 / \$8,000	
Out-of-Pocket Maximum (per calendar year)			
Individual/Family	\$5,000 / \$10,000	\$10,000 / \$20,000	
Covered Services			
Office Visits (physician / specialist)	\$25 / \$75 copay per visit	50% after ded.	
Routine Preventive Care	No Charge	Not Covered	
Outpatient Diagnostic (Lab & X-ray)	20% after ded.	50% after ded.	
Complex Imaging (CT/PET scans, MRI's)	20% after ded.	50% after ded.	
Ambulance	20% after ded.	20% after ded.	
Emergency Room	20% after ded.		
Urgent Care Facility	\$50 copay per visit	50% after ded.	
Inpatient Hospital Stay	20% after ded.	50% after ded.	
Outpatient Surgery	20% after ded.	50% after ded.	
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)			
Retail Pharmacy (31-day supply)	\$10/\$35/\$75/\$250	\$10/\$35/\$75/\$250	
Mail Order (90-day supply)	\$25/\$87.50/\$187.50/\$625	Not Covered	

Dental

Allied Global LLC. is proud to offer you a dental plan with United Health Care:

Key Dental Benefits	United Health Care A8016		
	DPPO		
Deductible (per calendar year)			
Individual / Family	\$50 / \$150		
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)			
Per Individual	\$1,000		
Covered Services			
Preventive Services	100%		
Basic Services	20%		
Major Services	50%		

Coinsurance percentages shown in the above chart represent what the member is responsible for paying. 1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision Plan

The **United Health Care Spectera** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Spectera** network. Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network		
Exam (once every 12 months)	\$10		
Materials Copay	\$25		
Lenses (once every 12 months)			
Single Vision			
Bifocal	No charge after materials copay		
Trifocal			
Frames (once every 24 months)	Covered up to \$130		
Elective Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$105		

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eliqible family members.

Contact Information

- Medical: United Health Care 800-966-6596 www.myuhc.com
- Dental: United Health Care 800-966-6596– www.myuhc.com
- Vision: United Health Care / Spectera 800-638-3120 myuhcvision.com
- Life: United Health Care 800-966-6596 www.myuhc.com

Basic Life / AD&D

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. **Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

BASIC Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you.

Benefit amount \$20,000

Questions?

If you have additional questions, you may also contact:

Office Manager
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